



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

SUMMIT REHABILITATION CENTERS
C/O THE MORRIS LAW FIRM
702 S BECKLEY AVE
DALLAS TX 75203

DWC Claim #:

Injured Employee:

Date of Injury:

Employer Name:

Insurance Carrier #:

Respondent Name

TRAVELERS INDEMNITY CO

Carrier's Austin Representative Box

Box Number # 05

MFDR Tracking Number

M4-06-4335-01

MFDR Date Received

February 28, 2006

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "DOS 5/26/05 through 8/5/05: These office visits are not included or in any other services provided to the patient on that date."

Amount in Dispute: \$850.72

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Provider seeks reimbursement for CPT code 99213, which was billed in conjunction with physical therapy services for every date of service at issue. Under Medicare payment policies, evaluation and management services are included in physical therapy services, particularly when the evaluation and management services are merely review of the patient's condition and therapy with no true medical decision making involved. In this matter, the Provider's notes document the 'evaluation and management' portion of the services in the physical therapy status report. No separate report was written... This kind of evaluation and management, solely to evaluate and adjust the therapy services, is included in the physical therapy, and not separately billable. When separately identifiable evaluation and management services have been rendered, Medicare payment policies require the provider to utilize modifier -25. This modifier, along with appropriate supporting documentation, is required to support and justify separate reimbursement from the physical therapy services performed on the same date of service. In this case, the Provider neither utilized the proper modifier nor submitted documentation to support a separate evaluation and management service beyond the included review of the therapeutic process. Under these circumstances, no separate reimbursement is allowed under the Medicare payment policies."

Response Submitted by: Travelers

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 26, 2005, through August 5, 2005	99213	\$850.72	\$804.44

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.202 sets out the fee guideline for professional medical services provided on or after September 1, 2002.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
Explanation of benefits dated June 16, 2005, June 21, 2005, June 30, 2005, July 7, 2005, July 8, 2005, July 29, 2005, September 2, 2005,
 - GLBL 97 – pymt is included in the allowance for another service/px. The service listed under this px code are included in a more comp code which accurately describes the entire px(s) per- for med.

Issues

1. Did the requestor bill for unbundled services?
2. Did the requestor submit documentation to support that the service rendered were billed?
3. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code §134.202 “(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a service is provided with any additions or exceptions in this section.” CCI edits were run to determine if edit conflicts exists. Review of the documentation finds:
 - Date of service, May 26, 2005; disputed CPT code 99213; CPT codes billed 99082, 99213 and 97110. No CCI edit conflicts were identified.
 - Date of service, May 27, 2005; disputed CPT code 99213; CPT codes billed 99082, 99213, 97124, 99080-73 and 97110. No CCI edit conflicts were identified.
 - Date of service, June 1, 2005; disputed CPT code 99213; CPT codes billed 99082, 99213, 96004, 95851, 97110 and 97124. CCI Edit - Procedure 99213 and component procedure 95851 are unbundled. A modifier is not allowed. The requestor seeks reimbursement for CPT code 99213. No CCI edit conflicts were identified for CPT code 99213.
 - Date of service, June 2, 2005; disputed CPT code 99213; CPT codes billed 99082, 99213, 97110 and 97116. No CCI edit conflicts were identified.
 - Date of service, June 8, 2005; disputed CPT code 99213; CPT codes billed 99213 and 97110. No CCI edit conflicts were identified.
 - Date of service, June 10, 2005; disputed CPT code 99213; CPT codes billed 99213, 99082, 96004, 95851, 97110 and 97124. CCI Edit - Procedure 99213 and component procedure 95851 are unbundled. A modifier is not allowed. The requestor seeks reimbursement for CPT code 99213. No CCI edit conflicts were identified for CPT code 99213.
 - Date of service, June 16, 2005; disputed CPT code 99213; CPT codes billed 99082, 99213, 97110 and 97124. No CCI edit conflicts were identified.
 - Date of service, July 1, 2005; disputed CPT code 99213; CPT codes billed 99082, 99213, 97140 and 97110. No CCI edit conflicts were identified.
 - Date of service, August 1, 2005; disputed CPT code 99213; CPT codes billed 99082, 99213 and 97110. No CCI edit conflicts were identified.
 - Date of service, August 2, 2005; disputed CPT code 99213; CPT codes billed 99213 and 97110. No CCI edit conflicts were identified.
 - Date of service, August 3 2005; disputed CPT code 99213; CPT codes billed 99213 and 97110. No CCI edit conflicts were identified.
 - Date of service, August 4, 2005; disputed CPT code 99213; CPT codes billed 99213 and 97110. No CCI edit conflicts were identified.
 - Date of service, August 5, 2005; disputed CPT code 99213; CPT codes billed 99213 and 97110. No CCI edit conflicts were identified.

2. Per 28 Texas Administrative Code §134.202 “(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a service is provided with any additions or exceptions in this section.” Review of the documentation finds that:
- The requestor submitted documentation to support the level of service billed for each disputed date of service. The requestor is therefore entitled to reimbursement for CPT code 99213 for dates of service; May 26, 2005, May 27, 2005, June 1, 2005, June 2, 2005, June 8, 2005, June 10, 2005, June 16, 2005, July 1, 2005, August 1, 2005, August 2, 2005, August 3 2005, August 4, 2005 and August 5, 2005.
 - The Medicare fee schedule amount for CPT code 99213 is $\$49.51 \times 125\% = \text{MAR } \$61.88 \times 13 = \$804.44$.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$804.44.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$804.44 plus applicable accrued interest per 28 Texas Administrative Code §134.803 for dates of service prior to 5/2/06, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	April 22, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.